MONTHLY OPERATING REPORT

CHAPTER 11

CASE NAME: _	Prevalence He	alth, LLC				
CASE NUMBER	R: 09-02016 EE	For Period September 1 to September 30,2011.				
		R THE END OF THE MONTH. The debtor must attach each of the following forms unless requirement in writing. File with the court and submit a paper copy to UST with an original				
Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS				
(mark only one -	attached or waived)					
{ }	{X}	Comparative Balance Sheet (FORM 2-B)				
{ }	{X}	Profit and Loss Statement (FORM 2-C)				
{X}	{ }	Cash Receipts & Disbursements Statement (FORM 2-D)				
{ }	{X}	Supporting Schedules (FORM 2-E)				
{ }	(X)	Narrative (FORM 2-F)				
{ }	{X}	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)				
best of my knowl		following Monthly Operating Report and any attachments thereto, are true and correct to the Debtor(s)*: Prevalence Health, LLC				
		By:** 11. X. Lafeler)				
		Position: Liquidating Agent				
		Name of preparer: H. K. Lefoldt, Jr.				
		Telephone No. of Preparer 601-956-2374				
* both debtors m	ust sign if a joint natition					

both debtors must sign if a joint petition

^{**} for corporate or partnership debtor

CASE NAME: Prevalence Health, LLC CASE NUMBER: 09-02016 EE

QUARTERLY FEE SUMMARY

MONTH ENDED September 30, 2011

Payment Date January February March	Cash Disbursements * \$ 45,675 \$ 17,484 \$ 26,735		Quarterly Fee Due	Check No.	Date		
Total 1st Quarter	\$89,894	\$	975				
April May June Total	\$ 11,582 \$ 355 \$ 23,695						
2nd Quarter	\$35,632	\$	650				
July August September Total	\$ 4,152 \$ 191 \$ 9,825	·	225				
3rd Quarter	\$ 14,168	\$	325				
October November December Total	\$ \$						
4th Quarter	\$	\$					
	DISBURSEMENT CATEGORY QUARTERLY FEE DUE						
	\$0 to \$14,999.99 \$325						
	\$15,000 to \$74,999.9	~	\$650				
	\$75,000 to \$149,999.		\$975				
	\$150,000 to \$224,999		\$1,625				
	\$225,000 to \$299,999		\$1,950				
	\$300,000 to \$999,999		\$4,875				
	\$1,000,000 to \$1,999		\$6,500 \$0.750				
	\$2,000,000 to \$2,999 \$3,000,000 to \$4,999		\$9,750 \$10,400				
	\$5,000,000 to \$4,999 \$5,000,000 to \$14,99		\$13,000				
	\$15,000,000 to \$29,9		\$20,000				
	\$30,000,000 or more			\$30,000			
	\$50,000,000 or more		φ 50,000				

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

^{*} Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

Regions Bank Renaissance at Colony Park 1020 Highland Colony Pkwy FL1 Ridgeland, MS 39157-8722

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00110018 01 AV 0.337 001 PREVALENCE HEALTH LLC 690 TOWNE CENTER BLVD RIDGELAND MS 39157-4902

ACCOUNT #

0128180321

Cycle **Enclosures** Page

\$373,024

COMMERCIAL ANALYZED CHECKING

September 1, 2011 through September 30, 2011

SUMMARY

\$382,849.21 **Beginning Balance** \$0.00 Deposits & Credits \$0,00 Withdrawals \$0.00 Fees \$0.00 **Automatic Transfers** \$9,825.00

Checks \$373,024.21 **Ending Balance**

CHECKS

Amount Check No. Date 3,420.00 1001 09/26

Date 09/27

Check No. 1002

Amount 6,405.00

Total Checks

\$9,825.00

* Break in Check Number Sequence.

DAILY BALANCE SUMMARY

Balance Date 379,429.21 09/26

Date 09/27

Balance 373,024.21

Minimum Balance

Date

Balance

REMINDER: CHANGES TO YOUR DEPOSIT AGREEMENT (INCLUDING ARBITRATION TERMS) ARE IN EFFECT AS OF JULY 21, 2011. PLEASE GO TO REGIONS.COM/AGREEMENTS OR VISIT YOUR BRANCH FOR AN AMENDMENT TO YOUR CURRENT AGREEMENT.

For all your banking needs, please call 1-800-REGIONS (734-4667). or visit us on the internet at www.regions.com. Thank You For Banking With Regions!



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Regions Bank

Renaissance at Colony Park 1020 Highland Colony Pkwy FL1 Ridgeland, MS 39157-8722



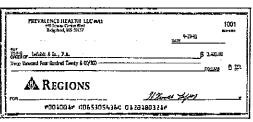
PREVALENCE HEALTH LLC 690 TOWNE CENTER BLVD RIDGELAND MS 39157-4902

ACCOUNT #

0128180321

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Check# 1001

09/26/2011

\$3420.00



Check# 1002

09/27/2011

\$6405.00